

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp
CITY CLERK

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**CALIFORNIA
FORM**

460

Page _____ of _____

For Official Use Only

Statement covers period
from 02/17/12
through 03/16/13

Date of election if applicable:
(Month, Day, Year)

04/02/13

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☒ Officeholder, Candidate Controlled Committee

☐ State Candidate Election Committee

☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee

☐ Controlled

☐ Sponsored

(Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement

☐ Semi-annual Statement

☐ Termination Statement

(Also file a Form 410 Termination)

☒ Amendment (Explain below)

Correction of Schedule F

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1355844

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Freemon for School Board 2013

STREET ADDRESS (NO P.O. BOX)

330 Brockmont Drive

CITY

Glendale

STATE

CA

ZIP CODE

91202

AREA CODE/PHONE

818-484-8074

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 3921

CITY

Glendale

STATE

CA

ZIP CODE

91221

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

freemon_jennifer@yahoo.com

Treasurer(s)

NAME OF TREASURER

Renee Alvo

MAILING ADDRESS

4013 Dunsmore Avenue

CITY

La Crescenta

STATE

CA

ZIP CODE

91214

AREA CODE/PHONE

818-957-8424

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 15, 2013

Date

Executed on August 15, 2013

Date

Executed on _____

Date

Executed on _____

Date

By _____

Signature of Treasurer or Assistant Treasurer

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

Schedule F

Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 02/17/12
through 03/16/13

CALIFORNIA
FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Renee Alvo - Treasurer

I.D. NUMBER
1355844

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Toyota Financial Services P.O. Box 6318 Fargo, ND. 58125	FIL	\$800.00	0.00	\$0.00	\$800.00
Toyota Financial Services P.O. Box 6318 Fargo, ND. 58125	CMP	0.00	\$109.00	0.00	\$109.00
Toyota Financial Services P.O. Box 6318 Fargo, ND. 58125	LIT	0.00	\$700.00	0.00	\$700.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	800.00 \$	809.00 \$	0.00 \$
				0.00 \$	1,609.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 3,665.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 3,665.00
May be a negative number

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from 02/17/12 through 03/16/13	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER 1355844

NAME OF FILER
 Renee Alvo - Treasurer

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Toyota Financial Services P.O. Box 6318 Fargo, ND. 58125	POS	0.00	\$165.00	0.00	\$165.00
Toyota Financial Services P.O. Box 6318 Fargo, ND. 58125	PRT	0.00	\$2,080.00	0.00	\$2,080.00
Toyota Financial Services P.O. Box 6318 Fargo, ND. 58125	PHO	0.00	\$305.00	0.00	\$305.00
SUBTOTALS \$		0.00 \$	2,550.00 \$	0.00 \$	2,550.00